

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re: STUYVESANT F. MORRIS, V
GINGER A. MORRIS
Debtor(s).

Case No. 13-10709
Chapter 13

**AMENDED LOSS MITIGATION AFFIDAVIT OF DEBTOR(S)
AND CERTIFICATE OF SERVICE**

STATE OF NEW YORK) ss.:
COUNTY OF ALBANY)

I, Wendy A. Reidy, being sworn, say: I am not a party to this action, am over 18 years of age, and reside in Broadalbin, New York.

Instructions:

- (1) Complete, as is appropriate, either Part A: Request for Documents/Information by Debtor(s) or Part B: Debtor(s)' Response to Request for Documents/Information.
- (2) Complete Part C: Loss Mitigation Contact Information, unless the information was provided in the Loss Mitigation Request by Debtor(s) and Certificate of Service.
- (3) Complete Part D: Certificate of Service.

On behalf of Debtor(s):

Part A: Request for Documents/Information by Debtor(s)

On _____, 20____, I served a true and accurate copy of the Debtor(s)' Request for the following documents/information:

- A copy of Debtor(s)' payment history;
- Other (please specify): _____
- _____
- _____
- _____.

Part B: Debtor(s)' Response to Request for Documents/Information

On January 3, 2014, I served a true and accurate copy of the Debtor(s)' Response to Creditor's Request for documents/information, including the following:

- A copy of the Debtor(s)' two (2) most recent federal income tax returns;
- A copy of the Debtor(s)' last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor(s);

Or, if the Debtor(s) is/are self-employed:

A copy of the Debtor(s)' Profit and Loss Statements, setting forth a breakdown of the monthly income and expenses for the Debtor(s)' business (es), for the two (2) most recent months of _____ and _____;

- A completed copy of the Creditor's Financial Worksheet;
- Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs;
- Other (please specify): Pursuant to the email dated 12/12/2013: Business Bank 4640 July pages 6 and 7; Business Bank 4640 August pages 1 and 2; Mrs. Morris year to date October and November profit and loss signed and dated by Mrs. Morris; Mrs. Morris November and December business bank statement as she

Part C: Loss Mitigation Contact Information

The Loss Mitigation contact information for the Attorney for the Debtor(s) is as follows:

Name: Guy J. Criscione
Title: Attorney
Firm: Law Office of Guy J. Criscione
Address: 817 Madison Avenue
Address 2: _____
City: Albany State: NY Zip Code: 12208
Phone No.: 518-449-1681 Facsimile No.: 518-427-6720
Email Address: guy@guycriscione.com.

Part D: Certificate of Service

On January 4, 2014, I served a true and accurate copy of the above
Loss Mitigation Affidavit by Debtor(s)—

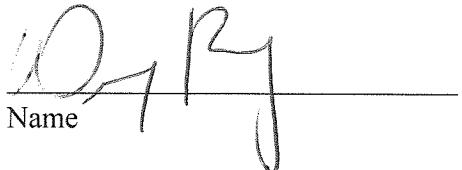
—by notice of electronic filing (NEF) via the CM/ECF system upon the following
parties at the email addresses listed below:

Andrea E. Celli; legal@ch13albany.com
US Trustee; USTP.Region02@usdoj.gov
Eric Sheidlower via Wendy Sinrilus; WSinrilus@rosicki.com

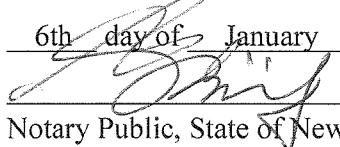
—by first class mail upon the following parties at the addresses listed below:

—by certified mail upon the following parties at the addresses listed below:

Dated: January 6, 2014
Albany, New York


Name

Sworn to before me this

6th day of January, 2014

Notary Public, State of New York

GUY J. GIACALONE
NOTARY PUBLIC STATE OF NEW YORK
QUALIFIED APRIL 17, 2011 COUNTY #1742877
COMMISSION EXPIRES MAY 31, 2015
2015